



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID PROVIDER MANUAL UPDATE

TO: All Early Periodic Screening Diagnosis and Treatment (EPSDT) providers participating in the Virginia Medical Assistance Program, Managed Care Organizations, and holders of the EPSDT Supplement

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

SUBJECT: Update to the Early Periodic Screening Diagnosis and Treatment (EPSDT) Supplement

MEMO: Update

DATE: January 9, 2008

The purpose of this memorandum is to update providers on the changes to the Early Periodic Screening Diagnosis and Treatment (EPSDT) Supplement. With this update, program guidance is being provided for the specialized services that are utilized through the EPSDT program on a routine basis. The creation of guidance documents will assist the Department of Medical Assistance Services (DMAS) in defining the scope of services offered through the EPSDT program.

Managed Care Organization (MCO) Enrollees:

For individuals enrolled in a Medicaid MCO, providers should follow MCO program procedures (IE provider participation, preauthorization and billing requirements). MCOs are required to provide coverage for EPSDT services as specified in the MCO contract and within at least the same scope as covered and described in this EPSDT Supplement.

Please look for this new guidance document to accompany your EPSDT Supplement:

- **EPSDT Audiology and Hearing Aid Services Program**

Please review this new guidance document carefully. As of January 1, 2008, DMAS will list all hearing aid specialists under the title of Hearing Aid Provider. Hearing Aid Specialists will not be listed as a Durable Medical Equipment Provider in the DMAS provider search engine as of January 1, 2008.

Attached to the document, in the "Exhibits" section, is a list of the hearing aids with newly assigned reimbursement rates.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice

response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

Attached Number of Pages: (2)

**EPSDT SUPPLEMENT
REVISION CHART
January 9, 2008**

SUMMARY OF REVISIONS

MANUAL SECTION	MATERIAL REVISED	NEW PAGE NUMBER(S)	REVISED PAGE(S)	REVISION DATE
EPSDT Audiology and Hearing Aid Services Program		Entire Section	New Section	1/9/2008

FILING INSTRUCTIONS

MANUAL SECTION	DISCARD	INSERT	OTHER INSTRUCTIONS
EPSDT Audiology and Hearing Aid Services Program		New EPSDT Audiology and Hearing Aid Services Program Section	New Section

	EPSDT HEARING AID REIMBURSEMENT SAMPLE		
Proc Codes	Service Description	Fees	Service Limit
HCPCS	<i>**Devices use HCPCS system, assessment uses CPT</i>		
V5011	FITTING, ORIENTATION/ CHECKING OF HEARING AID	80	4 per year
V5014	REPAIR/MODIFICATION OF HEARING AID	150	2 per year
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	550	1 per 60 mos
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	550	1 per 60 mos
V5050	HEARING AID, MONAURAL, IN THE EAR (ITE)	550	1 per 60 mos
V5060	HEARING AID, MONAURAL, BEHIND THE EAR (BTE)	550	1 per 60 mos
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	300	1 per 60 mos
V5110	DISPENSING FEE, BILATERAL	600	1 per 60 mos
V5130	HEARING AID, BINAURAL, ITE	1100	1 per 60 mos
V5140	HEARING AID, BINAURAL, BTE	1100	1 per 60 mos
V5160	DISPENSING FEE, BINAURAL	600	1 per 60 mos
V5200	DISPENSING FEE, CROS	300	1 per 60 mos
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	300	1 per 60 mos
V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	550	1 per 60 mos
V5249	HEARING AID, ANALOG, BINAURAL, ITC	1200	1 per 60 mos
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	1175	1 per 60 mos
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	1175	1 per 60 mos
V5257	HEARING AID, DIGITAL MONAURAL BTE	1175	1 per 60 mos
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	2350	1 per 60 mos
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	2350	1 per 60 mos
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	2350	1 per 60 mos
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	2350	1 per 60 mos
V5264	EAR MOLD/ INSERT, NOT DISPOSABLE, ANY TYPE	35	2 per 3 mos
V5266	BATTERY FOR USE IN HEARING DEVICE	1	6 per month
V5267	HEARINGAID SUPPLIES	47.75	2 per year
V5273	ASSISTIVE LEARNING DEVICE COCHLEAR IMPLANT TYPE	Cost + 30%	1 per 60 mos
V5274	ASSISTIVE LEARNING DEVICE (FM system)	Cost + 30%	1 per 60 mos